MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-022751
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 89

FILED JUL 5 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	DATE AMENDED
1	0411	
2	0410	
3	1	
4	0	
5	2	
6		
7	0	
8	2	
9	493X	
10		
11		
12	1-0	
13	1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: HARRISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BETHANY
Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NoLL MEMORIAL Hospital — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HARRISON
c. CITY OR TOWN: NEW HAMPTON Mo. — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): NORTH EAST PART — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First SAMUEL Middle TENNESSEE Last FUNK

4. DATE OF DEATH: Month JUNE Day 24 Year 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 3-10-1874

9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - (RET.)

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (City and state or country): HARRISON COUNTY MO. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: NATHANIEL FUNK

13b. MOTHER'S MAIDEN NAME: CATHERINE HUFFMAN

14. NAME OF HUSBAND OR WIFE: NANCY FUNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servic

17. INFORMANT: MRS LOIS COX Address: 1103 So. 12TH ST BETHANY MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-15-56, to 6-24-62 and last saw him alive on 6-24-62
Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Merriam Scarlett MD

22b. ADDRESS: Bethany Mo.

22c. DATE SIGNED: 6/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JUNE 26, 1962

23c. NAME OF CEMETERY OR CREMATORY: FOSTER CEMETERY

23d. LOCATION (City, town, or county) (State): NEW HAMPTON Mo.

24. FUNERAL DIRECTOR ADDRESS: C.R. Noble New Hampton, Mo.

25. DATE RECD. BY LOCAL REG.: 6-25-1962

26. REGISTRAR'S SIGNATURE: Zella Maxey

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1962

JUL 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3602

P. O. Address Lawrenceville Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.